

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Fred Simon For Congress

ADDRESS (number and street)

800 Country Club Ln

☐ Check if different
than previously
reported. (ACC)

Coronado

CA

92118

2. FEC IDENTIFICATION NUMBER ▼

C C00546861

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

CA

52

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

06

D D /

28

Y Y Y Y

2013

through

M M /

09

D D /

30

Y Y Y Y

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy A. Koch

Signature of Treasurer

Timothy A. Koch

[Electronically Filed]

Date

M M /

10

D D /

15

Y Y Y Y

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Fred Simon For Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 8 | | 2 | 0 | 1 | 3 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 1 | 3 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 0.00 | 0.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 0.00 | 0.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 16627.33 | 16627.33 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 16627.33 | 16627.33 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 383460.93 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 404781.25 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

Fred Simon For Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 8 | | 2 | 0 | 1 | 3 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 1 | 3 |

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)**15. OTHER RECEIPTS (Dividends, Interest, etc.)****16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 16627.33 | 16627.33 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 16627.33 | 16627.33 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 400088.26 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 400088.26 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 16627.33 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 383460.93 |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 11

| | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Fred Simon For Congress

| | | | |
|---|-----------------------|--|---|
| A. Full Name (Last, First, Middle Initial) Dr. Fred J. Simon Jr. | | Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2013 | |
| Mailing Address 800 Country Club Ln | | Transaction ID : SA13A.4102 | |
| City Coronado | State CA | Zip Code 92118 | Amount of Each Receipt this Period 100000.00 |
| FEC ID number of contributing federal political committee. C H4CA52077 | | Loan From Candidate | |
| Name of Employer Scripps Mem.Hospital-Encinitas | Occupation Surgeon | Election Cycle-to-Date 100000.00 | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Amount of Each Receipt this Period 100000.00 | |

| | | | |
|---|-----------------------|--|---|
| B. Full Name (Last, First, Middle Initial) Dr. Fred J. Simon Jr. | | Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2013 | |
| Mailing Address 800 Country Club Ln | | Transaction ID : SA13A.4123 | |
| City Coronado | State CA | Zip Code 92118 | Amount of Each Receipt this Period 300000.00 |
| FEC ID number of contributing federal political committee. C H4CA52077 | | Loan From Candidate | |
| Name of Employer Scripps Mem.Hospital-Encinitas | Occupation Surgeon | Election Cycle-to-Date 400000.00 | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Amount of Each Receipt this Period 300000.00 | |

| | | | |
|---|------------|--|------------------------------------|
| C. Full Name (Last, First, Middle Initial) | | Date of Receipt M M / D D / Y Y Y Y | |
| Mailing Address | | Amount of Each Receipt this Period | |
| City | State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | Loan From Candidate | |
| Name of Employer | Occupation | Election Cycle-to-Date | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Amount of Each Receipt this Period | |

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 400000.00 |
| TOTAL This Period (last page this line number only)..... | 400000.00 |

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. B2B Website Design

Mailing Address 8524 N50th Place

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| Paradise Valley | AZ | 85253 |

Purpose of Disbursement
Website Design

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 29 | | 2013 |

Amount of Each Disbursement this Period

| |
|---------|
| 1629.81 |
|---------|

Transaction ID : SB17.4109

B. Joe Johnson

Mailing Address 8625 E Bellevue Pl, Unit 1089

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Scottsdale | AZ | 85257 |

Purpose of Disbursement
Website Development

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 17 | | 2013 |

Amount of Each Disbursement this Period

| |
|---------|
| 1166.66 |
|---------|

Transaction ID : SB17.4105

c. Joe Johnson

Mailing Address 8625 E Bellevue Pl, Unit 1089

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Scottsdale | AZ | 85257 |

Purpose of Disbursement
Website Development

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2013 |

Amount of Each Disbursement this Period

| |
|---------|
| 1166.66 |
|---------|

Transaction ID : SB17.4111

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3963.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. SD Registrar of Voters

Mailing Address 5201 Ruffin Road, Suite I

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| San Diego | CA | 92123 |

Purpose of Disbursement
Voter List Purchase

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 09 / 24 / 2013 |

Amount of Each Disbursement this Period

| |
|--------|
| 367.20 |
|--------|

Transaction ID : SB17.4107

B. Stephen Shadegg

Mailing Address 2861 Epaulette St

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| San Diego | CA | 92123 |

Purpose of Disbursement
Campaign Management Services

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 08 / 23 / 2013 |

Amount of Each Disbursement this Period

| |
|----------|
| 10000.00 |
|----------|

Transaction ID : SB17.4121

c. Thompson Smith

Mailing Address 12978 Caminito Bodega

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Del Mar | CA | 92014 |

Purpose of Disbursement
Photography

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 09 / 30 / 2013 |

Amount of Each Disbursement this Period

| |
|--------|
| 297.00 |
|--------|

Transaction ID : SB17.4112

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|----------|
| 10664.20 |
|----------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Robyn Wapner

Mailing Address 1800 North New Hampshire Apt 218

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 17 | | 2013 |

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Los Angeles | CA | 90027 |

Purpose of Disbursement
Research

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Transaction ID : SB17.4103

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

16627.33

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 11

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

Fred Simon For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dr. Fred J. Simon Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

800 Country Club Ln

City

State

ZIP Code

Coronado

CA

92118

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 28 / 2013

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 11

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4123

Fred Simon For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dr. Fred J. Simon Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

800 Country Club Ln

City

State

ZIP Code

Coronado

CA

92118

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300000.00

0.00

300000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
08 / 23 / 2013M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300000.00

TOTALS This Period (last page in this line only)..... ►

400000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 11

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Fred Simon For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

B2B Website Design

Nature of Debt (Purpose):

Website Design

Mailing Address 8524 N50th Place

City State

Zip Code

Paradise Valley

AZ

85253

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4124

Amount Incurred This Period

3768.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

3768.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Thompson Smith

Nature of Debt (Purpose):

Photography

Mailing Address 12978 Caminito Bodega

City State

Zip Code

Del Mar

CA

92014

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4125

Amount Incurred This Period

1012.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1012.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

4781.25

2) **TOTALS** This Period (last page this line number only) ▶

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3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

400000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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